

DONAHIES COMMUNITY SCHOOL

Pobalscoil na nDomhnaí

Streamville Road, Dublin 13 D13 YN77

Príomhoide/Principal: Peter Keohane

Príomhoide Tánaisteach /Deputy Principal: Michelle Horrigan

Fón/Phone: 01-8473522

Riomhpost/E-mail: office@donahiescs.ie

Seoladh Idirlín/Website: www.donahiescommunityschool.com



Donahies Community School ASD - APPLICATION FORM 1st YEAR

**This form must be completed by a father/mother/legal guardian of the student.
At least one lawful parent/guardian must sign the form.**

This Enrolment Application Form should be accompanied by

- All up to date and pertinent educational psychological assessments(s) and diagnostic report (s)
- Diagnosis of Autism: DSM IV/V or ICD 10/11 (psychological, psychiatrist, multi-disciplinary report)
- A demonstration of the understanding of complexity of the child's overall level of need/s evidenced in the professional reports
- Given the severity or complexity of the child's support needs, a clear professional recommendation as to what educational placement type would be most appropriate to best meet the child's needs, along with the rationale for same
- A letter from the NCSE confirming that the child is known to them and that the child has the required diagnosis and recommendation for a special class for autism. **Circular 0039/2025**
- Original Birth Certificate of the applicant
- School Reports and relevant documented information from all previous schools that the applicant attended.
- Proof of address is necessary.

Acceptance of a place in Donahies Community School will be deemed as agreement by both you and your child to the conditions of the Code of Positive Behaviour and all School Polices, all available on school website.

OFFICE USE ONLY:

Name of Applicant: _____

Date Received: _____

Entering (YEAR) _____

School Registration Payment: €80.-- ()

Birth Cert attached ()

PLEASE USE BLOCK LETTERS WHEN COMPLETING THIS FORM

1. Personal Details (Required for School Enrolment)

What Year group Are You Applying For?	1st ☐ ASD Application
Student Full Name	
Home Address Eircode	
Date of Birth	(Please enter DOB in format DD/MM/YYYY)
Country of Birth / Nationality	
Ethnicity/Cultural Background: <i>As required by Department of Education & Skills – please circle one option only.</i>	WHITE IRISH IRISH TRAVELLER ROMA ANY OTHER WHITE BACKGROUND BLACK OR BLACK IRISH – AFRICAN BLACK OR BLACK IRISH ANY OTHER BLACK BACKGROUND ASIAN OR ASIAN IRISH – CHINESE ASIAN OR ASIAN IRISH – INDIAN/PAKISTANI/BANGLADESHI ASIAN OR ASIAN IRISH – ANY OTHER ASIAN BACKGROUND OTHER INCLUDING MIXED GROUP BACKGROUND – ARAB OTHER INCLUDING MIXED BACKGROUND NO CONSENT
Birth Certificate	Birth Certificate <u>MUST</u> be included with this application - Failure to do so will result in application being returned to you as incomplete.
Birth Certificate Forename/Surname (if different to above)	
Student PPS Number	
Gender	Male ☐ Female ☐ (Please tick appropriate box)
Mother's Maiden Name	
Primary School currently attending / Roll No. (if known)	

2. Family Details (Required for School Enrolment and Parental Contact Purposes)

	Parent/Guardian 1	Parent/Guardian 2
Surname		
Name(s)		
Relationship to child (mother/father / other guardian) please provide details		
Phone Number		
Mobile Number for Messaging from School		
Please indicate the number to be registered as the Main Contact - this number & email are imperative for access to download the COMPASS APP for communications. The onus is on you to make sure the School is aware of any change in mobile numbers. Updated mobile numbers are essential for communication purposes.		
Contact E-mail Address (MUST be provided for access to COMPASS APP) PRINT CLEARLY		
Postal Address (if different from above)		
Emergency Contact Details	Emergency Contact Name and Number	
Does the child have any Brothers/Sisters in this school	Name, Age, Class	
	Name, Age, Class	
	Name, Age, Class	
Number of Children in Family _____ Pupil's Position in Family ____		

Consent to Contact Previous School:

I/we give permission to contact my child's previous school and to obtain copies of the teachers' records, class notes, academic records, psychological reports and other records necessary for my child's education welfare and for assisting in his/her transition to Donahies Community School, should a place be offered. I hereby give my consent and do instruct my child's school to release these documents to Donahies Community School.

Signed:

Date:

ASD 2027/2028

3. Standardised Testing

Standardised testing may be carried out in Donahies Community School for the purposes of Literacy/Numeracy progress, Reasonable Accommodations in the State Examinations, assisting in referrals to NEPS, for Career Guidance information and English Language testing etc.

Consent for Standardised Testing I/we give permission to Donahies Community School to conduct standardised testing for the purposes of Literacy/Numeracy progress, Reasonable Accommodations in the State Examinations, assisting in referrals to NEPS, Career Guidance information and English Language testing

Signed _____

Signed _____

Parent/Guardian _____

Parent/Guardian _____

Date:

4. Educational Details

(This information is required for the assessment of individual educational needs. Please note it may be necessary to share these details with school staff on a confidential basis)

Irish is a compulsory subject for all students. Exemptions are only granted in exceptional cases A. Is the student currently studying

Irish?..... Yes ☐ No ☐

If NO, please indicate a reason below by ticking the relevant box and attach a copy of proof of exemption granted.

Students whose education up to 12 years of age (or up to and including the final year of their primary education) was received outside the State and where they did not have opportunity to engage in the study of Irish ☐

Students who were previously enrolled as recognised students in a primary or post-primary school who are being re-enrolled after a period spent abroad, provided that at least three consecutive years have elapsed since the previous enrolment in the State and are at least 12 years of age on re-enrolment ☐

Students who: i.) present with significant learning difficulties that are persistent despite having had access to a differentiated approach to language and literacy learning over time (Irish and, or, English). Documentary evidence to this effect, held by the school, should include Student Support Plans detailing:

- regular reviews of learning needs as part of an ongoing cycle of assessment / target-setting
- evidence-informed intervention and review, including test scores (word reading, reading comprehension, spelling, other scores of language/literacy) at key points of review. ☐

and ii) at the time of the application for exemption present with a Standardised Score on a discrete test in either Word Reading, Reading Comprehension or Spelling at/below the 10th percentile. ☐

Condt /

B. Has the student had a psychological assessment?..... Yes ☐ No ☐

If Yes, is the psychological report available? Yes ☐ No ☐

Date of psychological assessment.....(please enter in format DD/MM/YYYY)

Copy of psychological assessment enclosed* Yes ☐ No ☐

An up to date clinical psychological/educational report that specifies that the applicant requires a special ASD-classroom placement must accompany this application.

C. Has the student had access to SET learning supports in Primary school on an individual or group basis? Yes ☐ No ☐

D. Has the student significant primary care needs that required the support of an SNA?
.....Yes ☐ No ☐

If Yes to C, please provide details of student's access to SET learning supports in Primary School on an individual or group basis :

5. Medical Details

(This information is required to ensure the school has an accurate record of medical conditions including your doctor's contact details in the event of a medical issue arising during school activities. Please note that it may be necessary to disclose this information to school staff in certain circumstances. **If your child has a medical condition requiring the administration of medication during school time, please contact the principal who will furnish you with a copy of the policy and procedure for the administration of medicines in school**)

Does Student require Glasses?..... Yes ☐ No ☐

Does Student have any Hearing Difficulties, Visual Impairment or accessed support of a visiting teacher of the NCSE?..... Yes ☐ No ☐

Does Student suffer any Serious Illness?..... Yes ☐ No ☐

Is Student on any ongoing Medical Treatment?..... Yes ☐ No ☐

Does Student have any of the Chronic Conditions?..... Yes ☐ No ☐

If **Yes**, please provide details _____

Does your child have any long term certified physical or medical condition that may hinder their participation in PE that you need to make the school aware of:

Other Medical concerns/information of relevance

Procedures to follow for a particular illness

GP Name, Address & Contact Number:

6. Data Protection

A summary of the Data Protection Policy of Donahies Community School is set out below. This Data Protection Policy (together with such updates and amendments as may be made to same from time to time and circulated by the school will apply during the student's time at Donahies Community School.

Personal Data on this Form:

Donahies Community School is a data controller under the Data Protection Acts and the EU General Data Protection Regulations and is registered as a Data Controller with the Office of the Data Protection Commissioner. The personal data supplied on this application form is required for the purposes of:

- student enrolment and student registration
- allocation of teachers and resources to the school
- determining a student's eligibility for additional learning supports & transportation
- examinations
- school administration
- child welfare (including medical welfare)
- and to fulfil our other legal obligations

Transfer of Personal Data

While the information provided will generally be treated as private to Donahies Community School and will be collected and used in compliance with the Data Protection Acts and the EU General Data Protection Regulations, from time to time it may be necessary for us to transfer your personal data to other bodies (including the Department of Education & Skills, the Department of Social Protection, An Garda Síochána, the Health Service Executive, Tusla (the Child and Family Agency) social workers or medical practitioners, the Educational Welfare Services, TUSLA, the National Council for Special Education, any Special Education Needs Organiser, the National Educational Psychological Service, or (where the student is transferring) to another school). We rely on parents/guardians and students to provide us with accurate and complete information and to update us in relation to any change in the information provided. Should you wish to update your child's personal data you should contact the Principal by email to office@donahiescs.ie

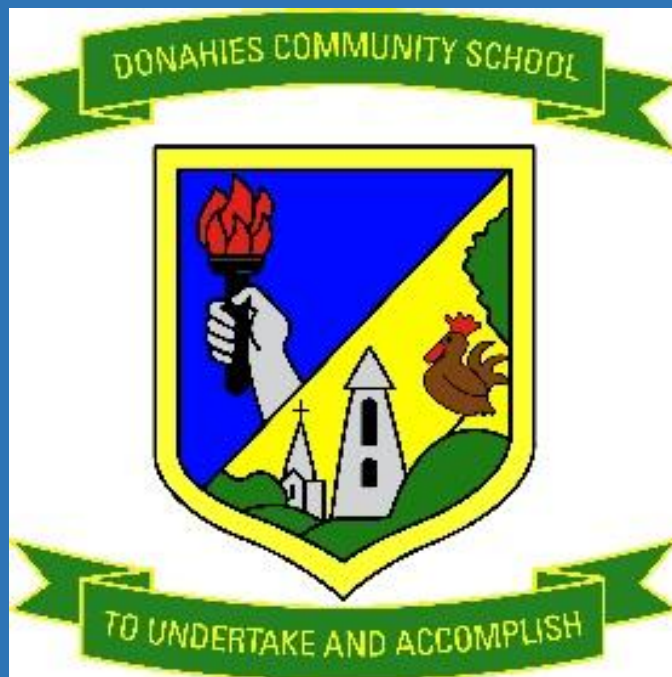
Data Protection Policy

A copy of the full Data Protection Policy is available on the school's website - www.donahiescommunityschool.com - or from the Principal and you and your child should read it carefully. By signing below you are indicating that you consent to your data/your child's data being collected, processed and used in accordance with this Data Protection Policy during the course of their time as a student in the school. Where the student is over 18 years old, they will be asked to sign their consent to this.

CHECK LIST The following are required for enrolment:

1. All relevant documentation as indicated on page 1 of the application
2. Student's Birth or Baptismal Certificate (copy) ☐
3. Proof of address (dated within the last 3 months) ☐
4. Student's PPS Number ☐
5. Mother's maiden name on this form (required by Department) ☐

Failure to complete this form completely may result in a delay in your application and your application may be returned to you to complete in full



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Email: office@donahiescs.ie
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FB: @donahiescs

RCN: 20018702